

COUNTY NOTICE OF ADA GRIEVANCE PROCEDURE

Harris County has an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the United States Department of Justice regulations implementing Title II of the Americans with Disabilities Act ("ADA"). Title II states, in part, that "no otherwise qualified disabled individual shall, solely, by reason of such disability, be excluded from participation in, be denied the benefits of or be subjected to discrimination" in programs or activities sponsored by a public entity.

Complaints should be addressed to: **the ADA Coordinator: 1310 Prairie, Suite 230: Houston, Texas 77002: (713) 274-5421: (713) 274-5427, or (713) 274-5419**, or email at: HRRMHCADACoordinator@bmd.hctx.net whom Harris County has designated to coordinate Harris County's ADA compliance efforts and who is referred to in these procedures as the "ADA Coordinator."

1. A complaint may be filed orally or in writing. An oral complaint will be reduced to writing by the ADA Coordinator and should be provided to the complainant for signature. The complaint should identify the name of the person filing it (the complainant) as well as the complainant's address, and briefly describe the alleged violation of the regulations under Title II of the ADA.
2. A complaint should be filed within ten (10) business days after the complainant becomes aware of the alleged violation. In cases of employment related ADA complaints, the procedures established by the Grievance Procedure for Harris County employees will be followed where applicable.
3. An investigation, as may be appropriate, will follow the filing of a complaint. The investigation shall be conducted as directed by the ADA Coordinator. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA Coordinator. A copy shall be forwarded to the complainant no later than twenty (20) working days after its issuance.
5. The ADA Coordinator shall maintain the files and records of Harris County relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be submitted within seven (7) calendar days of the original determination to the ADA Coordinator. The ADA Coordinator shall consider the complainant's request for reconsideration. The request shall be considered denied if no action is taken within ten (10) days after the date the ADA Coordinator received the request for reconsideration.
7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as filing of an ADA complaint with the responsible federal department or agency. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies.
8. These rules shall be construed to protect the substantive rights of interested persons to meet appropriate due process standards, and to assure that Harris County complies with the ADA and implementing regulations.

AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM

Today's Date: _____

Name of Grievant: _____

Address of Grievant: _____

Telephone Number of Grievant: _____

Name, Address, and Telephone Number of Alternate Contact Person: _____

Agency alleged to have denied access:

Department: _____

Division: _____

Bureau or Office: _____

Location: _____

I was denied access on: _____ [date]

Disability Statement:

My disability is: _____

This problem is: temporary _____ permanent _____

I am seeking access to the following Harris County program or activity in which I haven't been able to participate because I need an accommodation: _____

Proposed Access or Accommodation:

The accommodation I seek: _____

Incident or Barrier:

Please describe the particular way in which you believe you have been denied the benefits of any services, program, or activity or have otherwise been subjected to discrimination. Please specify dates, times, and places of incidents, and names and/or positions of agency employees involved, if any, as well as names, addresses and telephone numbers of any eyewitnesses to any such incident. Attached additional pages if necessary. Include a description of the way in which you feel access may be had to the benefits described above, or the way in which accommodation could be provided to allow access.

Mail or Fax this form to:

ADA Coordinator
Harris County HR & RM
1310 Prairie, 2nd Floor
Houston, Texas 77002
713.755.2669 (Fax)